

# CLAIMS ONLY

SERIAL NO 1	FILING DATE 2
APPLICANT(S)	

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3						
4						
5						
6						
7						
8			+			
9						+
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11	←	/				
12	/					
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50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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TOTAL IND.		↓		↓		↓		↓
TOTAL DEP.	↓		↓		↓		↓	
TOTAL CLAIMS								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS